2015 Dental Plan Option Comparison of Benefit Coverages

	Delta Dental PPO	DeltaCare USA DMO (CA only)
Member services	1-800-777-5854	1-800-422-4234
Web site	deltadentalins.com/llns	deltadentalins.com/llns
Pretreatment estimate	In Network - Yes, for any claims over $400	Check with Plan for details
Annual deductible: Individual/Family	In Network - $50 Individual; combined for both basic and major dentistry	$0 Individual; $0 Family
	Out of Network - $50 Individual; combined for both basic and major dentistry	Not applicable
Exclusions/limitations	Check with Plan	Check with Plan
Deductible waived for preventive/diagnostic care	Yes	Not applicable
Annual maximum coverage per person	In Network - $1,700	Not applicable
	Out of Network - $1,500	Not applicable
Primary covered services	In Network - Cleaning, oral exam, topical fluoride, space maintainers, x-rays and emergency for pain relief	Cleaning, oral exam, topical fluoride, space maintainers and x-rays
	Out of Network - Cleaning, oral exam, topical fluoride, space maintainers, x-rays and emergency for pain relief	Not Applicable
Preventive care benefits	In Network - 100% covered; sealants 80% covered	$0-$45 copays
	Out of Network - 100% covered; sealants 75% covered	Not Applicable
Annual service limits--preventive care	In Network - Cleaning ltd 2/cal yr(with a 3rd cleaning for pregnant women); 2 exams of any type /cal yr; fluoride 2 /cal yr to age 14; space maint to age 13; x-rays 1 set in 5 yr	Cleaning and fluoride, one per 6 month period, child to age 19.
	Out of Network - Cleaning ltd 2/cal yr(with a 3rd cleaning for pregnant women); 2 exams of any type /cal yr; fluoride 2 /cal yr to age 14; space maint to age 13; x-rays 1 set in 5 yr	Not Applicable
Fillings	In Network - 80% covered after deductible is met	100% covered; for standard benefit
	Out of Network - 75% covered after deductible is met	Not Applicable
Routine extractions	In Network - 80% covered after deductible is met	100% covered; if uncomplicated extraction
	Out of Network - 75% covered after deductible is met	Not Applicable
Endodontics (root canal therapy)	In Network - 80% covered after deductible is met	$5-$220 copays
	Out of Network - 75% covered after deductible is met	Not Applicable
Periodontics	In Network - 80% covered after deductible is met	$45-$195 copays
	Out of Network - 75% covered after deductible is met	Not Applicable

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

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	Delta Dental PPO	DeltaCare USA DMO (CA only)
Gingivoplasty or gingivectomy	Check with Plan	Check with Plan
Emergency treatment for dental pain	In Network - 100% covered	$5 copays
	Out of Network - 100% covered	Not Applicable
Annual service limits--basic services	Check with Plan	Check with Plan
Inlays/onlays	In Network - 50% covered after deductible is met	$0-$175 copays
	Out of Network - 50% covered after deductible is met	Not Applicable
Crowns	In Network - 50% covered after deductible is met	$35-$195 copays
	Out of Network - 50% covered after deductible is met	Not Applicable
Dentures	In Network - 50% covered after deductible is met	$0-$170 copays
	Out of Network - 50% covered after deductible is met	Not Applicable
Bridges	In Network - 50% covered after deductible is met	$50 copay; per unit; $100 extra charge for precious metals
	Out of Network - 50% covered after deductible is met	Not Applicable
Osseous surgery	Check with Plan	Check with Plan
Oral surgery	Check with Plan	Check with Plan
Bruxism	Check with Plan	Check with Plan
Anesthesia for dental care	In Network - 80% covered after deductible is met; for covered oral surgery	$165 first 20 minutes subject to plan limitations.
	Out of Network - 75% covered after deductible is met; for covered oral surgery	Not Applicable
Annual service limits--major services	Check with Plan	Check with Plan
Dental implants	In Network - 50% covered after deductible is met	Not Covered
	Out of Network - 50% covered after deductible is met	Not Applicable
Primary covered orthodontia services	Check with Plan	Check with Plan
Coverage available for child? Adult?	In Network - Child and Adult	Child and Adult
	Out of Network - Child and Adult	Not Applicable
Start-up fees	Check with Plan	Check with Plan
Orthodontia benefits	In Network - 50% covered	$1,700 - Child; $1,900 Adult; $100 Start Up Fee
	Out of Network - 50% covered	Not Applicable
Service limits and maximums--	In Network - Limited to $1,500 per lifetime for dependent children; $500 per lifetime for adults	Check with Plan

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	Delta Dental PPO	DeltaCare USA DMO (CA only)
orthodontia	Out of Network - Limited to $1,500 per lifetime for dependent children; $500 per lifetime for adults	Not Applicable

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